



PATIENT PRESENTING CLINICAL SIGNS

Fritz Sidwell The patient presented with mild ALT elevation. Most recent ALT was performed in May 2023 and was 195. Has been on Denamarin since then. Asymptomatic. Post bile acids were 25.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Terrier mix

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Male neutered

The prostate is normal in size (0.72 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

10 Yrs.

The left kidney is normal size (4.31 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

The right kidney is normal size (4.56 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

Adrenal Glands

The left adrenal gland is normal size (0.46 cm at cranial pole) (0.51 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

The right adrenal gland is normal size (1.14 cm at cranial pole) (0.51 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Park West VA

Spleen

The spleen is normal in size (1.15 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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Dr. Mauer

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1. The gallbladder is of normal contours and contains a scant amount of echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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PATIENT *Gastrointestinal*

Fritz Sidwell The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The proximal duodenal lumen is mildly fluid distended. The small intestinal wall is normal in thickness with a normal layering pattern. There is evidence of mucosal speckling in some segment. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. The lumen of the descending colon contains granular appearing fecal material. No obstructive disease is noted.

SPECIES

Canine

BREED

Terrier mix

Pancreas

SEX

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Male neutered

AGE

10 Yrs.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

WEIGHT

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Suspected diffuse hepatopathy. Differentials include inflammatory disease (i.e., chronic hepatitis, bacterial cholangiohepatitis), hepatotoxicity (i.e., copper), vacuolar hepatopathy, reactive hepatopathy, infiltrative neoplasia (less likely) or some combination thereof.

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Secondary Findings:

- The small intestinal mucosal speckling may be a normal variant for this patient or may represent mild inflammatory disease. Correlation with the patient's clinical history is recommended.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Consider hepatic tissue sampling (i.e., FNA or biopsy) if clotting status is appropriate. Surgery is preferred in this case as it is more likely to yield a definitive diagnosis. If surgery is pursued, aerobic and anaerobic bile cultures and hepatic copper quantitation are recommended.
- If hepatic tissue sampling is not pursued at this time, consider empirical treatment for cholangiohepatitis with amoxicillin-clavulanic acid +/- a fluoroquinolone. If liver values improve with therapy, a 4-6 week course of treatment is recommended.
- Leptospirosis testing (i.e., blood and urine PCR, serology) can be considered. However, given the chronicity of the liver enzyme elevations, this differential is considered less likely.



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HOSPITAL NAME

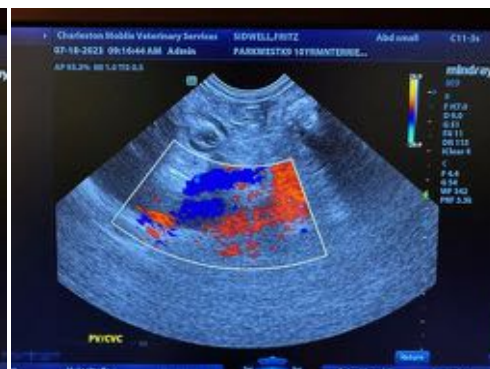
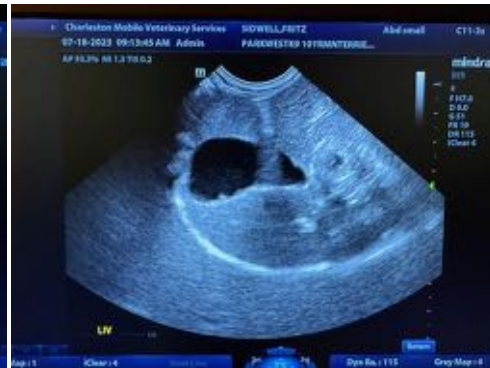
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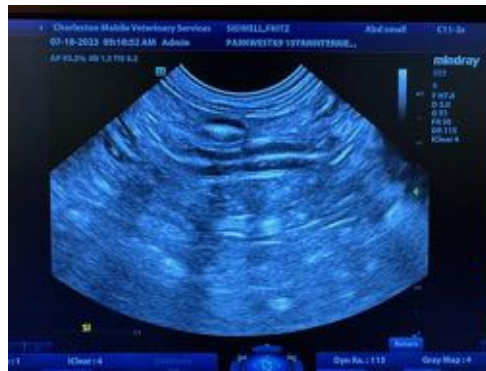
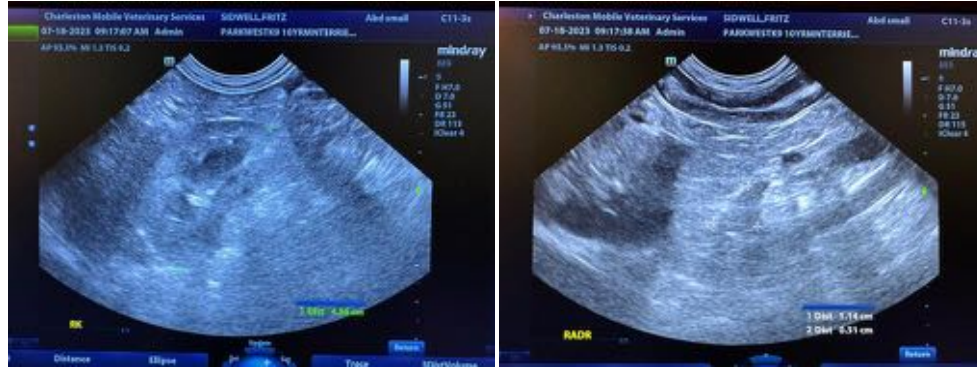
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com